



# ANNISTON BASEBALL FOR YOUTH REGISTRATION

## 2016



Birth Certificate \_\_\_\_\_ Team \_\_\_\_\_ League Age \_\_\_\_\_ Paid \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE  
PLEASE PRINT

Team Played on Last Year \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PLAYER'S NAME (As it appears on BC) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ SCHOOL \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

**Shirt size (circle one):** YOUTH- Small Med. Large ADULT- Small Med. Large Xlarge

**Pant Size (circle one):** YOUTH - Small Med. Large ADULT - Small Med. Large Xlarge

### PLEASE READ CAREFULLY

I/We the parent/guardian of the above named player candidate hereby give my/our approval for participation in any Baseball for Youth activities during the current season. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Anniston, Anniston Baseball for Youth, sponsors, supervisors, participants, and persons transporting my/our child to or from activities from claims arising due to injury, except to the extent covered by accident or liability insurance. I/We assume responsibility for all risks and hazards incidental to such participation including transportation to and from activities, and for the return of uniforms and equipment.

\_\_\_\_\_  
Parent/Guardian Signature

### AUTHORIZATION FOR MEDICAL TREATMENT

I do hereby voluntarily consent to and authorize the emergency medical treatment and care

of \_\_\_\_\_, by a Physician as may be deemed necessary and advisable.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS \_\_\_\_\_  
Parent/Guardian

**Registration Fee: \$50.00.**

Registration fee will cover uniform (hat, jersey, pants and socks), umpires and secondary insurance.

**Registration Deadline: February 29, 2016**